



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION UPON REHEARING

MGE/155796

PRELIMINARY RECITALS

Pursuant to a petition filed February 25, 2014, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on March 25, 2014, at Milwaukee, Wisconsin.

The Petitioner did not appear for that hearing. However, on March 28, 2014, the Petitioner submitted a letter requesting a rehearing. The request was granted on April 4, 2014 and a new hearing took place on April 29, 2014.

The issue for determination is whether Milwaukee Enrollment Services (the agency) correctly terminated the Petitioner's Medicaid benefits effective March 1, 2014.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: Jose Silvestre, Income Maintenance Specialist - Advanced
Milwaukee Enrollment Services
1220 W. Vliet St., Room 106
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Mayumi M. Ishii
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.

2. The Petitioner completed a renewal on December 30, 2013. (Testimony of Mr. Silvestre; Exhibit 2, pg. 2)
3. On December 31, 2013, the agency sent the Petitioner a Notice of Proof needed requesting verification of her banking account assets. (Exhibit 2, pgs. 11-14)
4. On January 28, 2014, the Petitioner submitted a bank statement to the agency, showing total account balances of \$5,444.72. (Exhibit 2, pgs. 2 and 25)
5. On February 17, 2014, the agency sent Petitioner a notice indicating that as of March 1, 2014, she would receive QMB, Medicare Premium Assistance benefits, but that she would not be enrolled in the Medicaid program.
6. The Petitioner filed a request for fair hearing that was received

DISCUSSION

In order to be eligible for Medicaid Benefits, a one person household must have assets below \$2000.00. *Medicaid Eligibility Handbook (MEH) §39.4.1* Checking and Savings accounts are two types of counted assets. *MEH §16.1*

In the case at hand, the combined total of Petitioner's checking and savings accounts was \$5,444.72. Consequently, she was over the \$2000 asset limit.

The Petitioner might wonder why her QMB benefits continued, even though her Medicaid benefits did not. That is because the asset limit for QMB benefits is higher. In order to be eligible for Medicaid QMB Benefits, a one person household must have assets below \$7080.00. *Medicaid Eligibility Handbook (MEH) §32.6* Petitioner's assets are clearly below the limit for QMB benefits.

The Petitioner stated that she was only saving money to prepare for her retirement, since she is having health problems and wasn't anticipating working much longer. Regrettably, those are not factors that can be taken into consideration. Administrative Law Judges do not possess equitable authority.

CONCLUSIONS OF LAW

The agency correctly terminated the Petitioner's Medicaid benefits, effective March 1, 2014.

THEREFORE, it is

ORDERED

That the Petition is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 30th day of April, 2014.

\sMayumi M. Ishii
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on April 30, 2014.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability